## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/537540

BASIC FEE   SMALL ENT. = \$ 150	OTHER THAN OR SMALL ENTITY			YTITI	SMALL EN TYPE	(Column 2)			(Colun	OLAINS A		
Salisfies PCT Article 33(1)   All other situations   SASCHEE   OR BASICIE	RATE FEE	ſ	7	FEE	RATE				8	STAGE FEES	IATIONAL S	u.s.
(4) = \$501,5100   \$1001,\$200		R		BASIC FEE		GE ENT. = \$ 300	0 LAR	SMALL ENT. = \$ 150		BASIC FEE		
SEARCH FEE		E		1	EXAM. FEE					EXAMINATION FEE		
TOTAL CHARGEABLE CLAIMS	CH FEE				SEARCH FEE		_ All of	ountries =	ALL other co	SEARCH FEE		SEAF
MULTIPLE DEPENDENT CLAIM PRESENT	250 =			X \$ 125 =	/ 50 =	)=	us 100 =	min	PEC. PGS.	OR EXTRA SI	FEE F	
MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CLAIMS  REMAINING AFTER AMENDMENT  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  (Column 2)  (Column 3)  (Column 3)  Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  **  Minus  ***  **  **  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **  **  If the "Highest Number Previously Paid For in This SPACE is less than 20, enter "20".	50 =	٦ ۲	OF		X \$ 25 =		) = .	inus 20 =	8 mi	BLE CLAIMS	CHARGEAB	TOTA
* If the difference in column 1 is less than zero, enter "0" in column 2  **CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 2)  (Column 3)  **SMALL ENTITY  OR  SMALL ENTITY  OR  S	200 =	٦	OF		X \$ 100 =		,= .	ninus 3 =	. / n	AIMS	ENDENT CLA	INDE
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA  Total * Minus *** =	360 =	2	OF		+ \$ 180 =			N	ESENT	DENT CLAIM PRE	LE DEPEND	MULT
Column 1)   Column 2)   Column 3)   SMALL ENTITY   OR X \$ 20	OR TOTAL 90			TOTAL	olumn 2	r "0" in co	o, enter "(	less than zero	in column 1 is l	difference	* If ti	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    +\$180 =   OR   +\$36	ADDI ATE · TIONA FEE			TIONAL	RATE		VIOUSLY	PREVIO		AFTER		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    +\$180 =   OR   +\$36	50 =		OR		X \$ 25 =	=		**	Minus	*	tal	NOME
(Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA     ATE   ADDI-TIONAL   FEE     Total   * Minus   ***   =   X \$ 25 =   OR   X \$ 50     Independent   * Minus   ***   =   X \$ 100 =   OR   X \$ 20     FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   TOTAL ADDIT.   FEE     If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	200 =	Γ	OR	·	X \$ 100 =	=		***	Minus	*	lependent	AME
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Total * Minus *** = X\$ 100 = OR X\$ 200    FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20"		•			·. ·	(Column 3)	lumn 2)	(Colun		(Column 1)		
Independent * Minus *** = X\$ 100 = OR X\$ 200  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ADDI- TIONAL FEE			TIONAL	RATE	PRESENT	JMBER VIOUSLY	NUME PREVIO		REMAINING AFTER		NT B
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".	50 =	Г	OR		X \$ 25 =	=		**	Minus	*	al *	M T
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".		T	OR								• .	
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.				in column 1.	e appropriate box	', enter "20". enter "3".	ess than '20' ess than '3',	ACE is less ACE is less	For" IN THIS SP For" IN THIS SP	nber Previously Paid ober Previously Paid	"Highest Numl "Highest Numl	** If t